BULK RATE
U.S. POSTAGE
PAID
SPRINGFIELD, MA
PERMIT NO. 369

THE HAMPDEN HIPPOCRAT
1414 STATE STREET
SPRINGFIELD, MA 01109

ADDRESS CORRECTION REQUESTED

The Hampden Hippocrat

Aug.—Sept.
1989

Berkshire Medical Center

Pittsfield, Massachusetts

Now. While there's still time.

HAVE YOU ALWAYS WANTED a 560 SL and always put off the purchase until later?

Your authorized Mercedes-Benz dealer announces that later just became sooner.

Right now, the last of the legendary 560 SL Coupe/Roadsters are arriving in the United States. And before long, your chance to own and drive this classic Mercedes-Benz will be gone for good.

So if this is the one you've always wanted, you'll want to visit us soon.

Take this classic roadster out on the open road.

Fold down the top. And experience that powerful 5.6 liter V-8 engine while you still can.

Because when it goes, it's gone.

The Mercedes-Benz 560 SL. Take a look at one now.

LIKE NO OTHER DEALERS IN THE WORLD.

Test-drive the 560 SL at your Authorized New England Mercedes-Benz dealer.

© 1989 Authorized Mercedes-Benz Dealers

Find Your Ring Set

Where you can select from the largest selection of diamonds, gems, and one of a kind treasures made by the world's finest craftsmen.

silverscape designs

264 N. Pleasant St., Amherst 253-3324
3 Pleasant St., Northampton 584-3324

GOLDSMITHS • GEM GALLERY

HAMPDEN DISTRICT MEDICAL SOCIETY 1989-1990 SEASON

DISTRICT MEETING

PLACE:	**CHEZ JOSEF** Shoemaker Lane Agawam, MA
DATE:	Tuesday, September 26, 1989
BUSINESS MEETING:	6:00 p.m.
SOCIAL HOUR:	7:00 p.m.
DINNER:	7:30 p.m., Spouses are welcome!
SPEAKERS:	REPRESENTATIVE STEVEN D. PIERCE, Minority Leader Massachusetts House of Representatives
SUBJECT:	Future of Medicine in Massachusetts

NOTE: If you must cancel your dinner reservation, please call the office before noon on September 26th. If the cancellation is not made, you will be BILLED for your dinner.

---------- **CLIP AND RETURN TO** ----------

Hampden District Medical Society
1414 State Street
Springfield, MA 01109

I shall attend the meeting at CHEZ JOSEF:

Please print name _____

I shall bring my spouse _____

I shall bring a guest (name) _____

Enclosed is my check for $20.00 per guest or spouse.

Carol L. Nystrom
Executive Secretary

Donna Zitka
Office Secretary

OFFICERS

Nancy L. Weiss, *President*
Joseph P. Keenan, *President-Elect*
Mark J. Mullan, *Vice President*
Robert L. Goodman, *Secretary*
John R. S. Remsberg, *Treasurer*

EXECUTIVE COMMITTEE

Nancy L. Weiss	John R. S. Remsberg
Joseph P. Keenan	Robert L. Goodman
Mark J. Mullan	John J. Papale
J. Gordon Rich	Gregory A. Slachta
1990	
Alfred G. Garcia	Gulabchand K. Shah
1991	
Alicia M. Ross	Joseph P. Keenan
1992	
Francis D. Horrigan	Daniel Dress

EX-OFFICIO HOSPITAL REPRESENTATIVES

Robert L. Goodman	Mercy Hospital
Howard W. Raymond	Holyoke Hospital
Robert J. O'Brien	Providence Hospital
	Baystate Medical Center
	Noble Hospital
	Ludlow Hospital
	Wing Memorial Hospital
	Mary Lane Hospital

CHAIRPERSON OF COMMITTEES

Carl W. Janovsky, *Academy-Education & Library*
Gulabchand K. Shah, *Auditing*
Bruce B. Stoler, *By-Laws*
Aaron M. Leavitt, *Impaired Physicians*
Lorne C. Smith, *Insurance*
Mark J. Mullan, *Legislative*
Kenneth M. Frankel, *Mediation*
Lester Frank, *Medico-Legal Affairs*
James G. Fitzpatrick, *Medico-Religious Affairs*
Robert V. Chircop, *Membership*
Francis D. Horrigan, *Nominating*
Francis J. Riley, *Public Health*
Alfred G. Garcia & John J. Papale, *Public Relations*
William B. Coen, *Scholarship*
Walter F. Tauber, *Tax Supported Medical Care*

COUNCILORS

Augusto G. Asinas	Mark J. Mullan
William J. Baker	Terrence M. O'Neill
John J. Bandeian	John J. Papale
Charles W. Cahill	George E. Reynolds
Alphonse F. Calvanese	J. Gordon Rich
Robert V. Chircop	Terry D. Ryan
Nicholas P.W. Coe	Eric T. Shebar
Daniel Dress	Joseph H. Sklar
Alfred G. Garcia	Gregory A. Slachta
Brigid K. Glackin	Lorne C. Smith
Donald J. Higby	Phillip B. Stoddard
Francis D. Horrigan	Walter F. Tauber
Robert J. Kasper	William W. Walthall, Jr.
Paul T. Moore	Murray Watnick

EX-OFFICIO

John C. Ayres	Nancy L. Weiss
Allen S. Johnson	Robert L. Goodman
James J. Siragusa, Jr.	

THE HAMPDEN HIPPOCRAT

AUGUST-SEPTEMBER 1989
VOLUME XXXXV NO. 4

IN THIS ISSUE

HDMS President's Message	6
Personal Finances	7
Berkshire Medical Center	8
Hampden Committee Activities	11
Notice to Physicians on Health Care Counseling Service for Elders	12
Medical Ethics Forum	13
What Ever Became Of?...	14
Mental Illness	15
A Piece Of My Mind	17
A Glance at the Duty of Confidentiality	19
Excerpts of MMS Executive Briefs	21
Letter To The Editors	22
Welcome New Members	23

On our cover is Berkshire Medical Center in Pittsfield, Massachusetts. See related article on page 8 in this issue.

The official bulletin for The Hampden District of the Massachusetts Medical Society. Founded in 1942 by Edward P. Bagg, Jr., M.D. and William A. R. Chapin, M.D.

PAST EDITORS: Max Millman, M.D., John C. Ayres, M.D., Walton E. Stevens, M.D., Vivian M. Purdy, Walter J. Pacosa, M.D., William J. Baker, M.D.

EDITORIAL BOARD: Nicholas P. W. Coe, M.D., Gulabchand K. Shah, M.D., Terry D. Ryan, M.D.

THE HAMPDEN HIPPOCRAT is published bi monthly by The Hampden District Medical Society Springfield, MA. Acceptance of Advertising in the HIPPOCRAT does not imply endorsement. The opinions expressed in this bulletin are those of the writers and do not reflect the official viewpoint of the Hampden District Medical Society unless so stated. All communications should be addressed to Carol L. Nystrom, Hampden District Medical Society, 1414 State St., Springfield, MA 01109: Telephone: 736-0661. To be assured of uninterrupted delivery of THE HAMPDEN HIPPOCRAT, notify us in advance of an address change and include your zip code number.

HDMS President's Message

Nancy L. Weiss, M.D., President

This year I want to deal with relationships—in particular, between us and our patients, betwen us and organized medicine and among ourselves. However, many other problems come up on a daily basis such as HCFA in its wisdom requiring us to indicate the referring physician's Medicare Provider number on all Part B claims or the Board of Registration delaying decision on one of our members so that he can neither work nor collect disability. While I continue to work on these issues, this time I want to concentrate on our relationship to organized medicine, in particular the Massachusetts Medical Society.

As you probably know, the Hampden District Medical Society has been and continues to be somewhat of a rebel among the 21 districts. We are the second largest district. Although counties in and around Boston may have more physicians, these counties use the Massachusetts Medical Society to pursue their problems and so have been very inactive at the local level. We however continue to be an active local society. Three years ago Dr. Gregory Slachta proposed a regional office of Massachusetts Medical Society to be established in Western Massachusetts so that Massachusetts Medical Society could serve us better. These regional offices have been successful in other states. Support for a regional office had been building but finally, after many of our councilors protested this year to being meerly "rubber stamps" for decisions made in Waltham, the committment was made. It is substantial. $180,000 has been budgeted for the next 2 years to try this experiment.

The regional office will serve the four western districts as well as both Worcester districts. A Regional Coordinator (1 of 120 applicants), and staff, have been chosen. I hope she will introduce herself at our September meeting. The office will open in mid-September and be centrally located in downtown Northampton.

Our problems seem to get both more complicated and more divisive. They are complicated by the many institutions that seek to control us in ways never thought of even 10 years ago. We are divided by the variety of practice types we pursue, eg., HMO, Full Time Hospital Based, no longer just private practice. I see this Regional Office as a way for Massachusetts Medical Society to help with our problems by focusing some of its resources on these problems that transcend our divisions. I hope the Regional Coordinator will do such things as lobby our local legislators, increase positive local media coverage and be a resource person as new problems arise. We must actively work with her.

Massachusetts Medical Society is extending a helping hand. Let's grasp it enthusiastically. ■

VISITING NURSE ASSOCIATION OF PIONEER VALLEY, INC.
P.O. Box 516
Springfield, MA 01151-0516

VNA
When you need someone to care

781-5070 (V/TDD)

HOME HEALTH SERVICES
24 HOURS A DAY - 7 DAYS A WEEK

NURSING
OCCUPATIONAL THERAPY
PHYSICAL THERAPY
SPEECH THERAPY
AIDS/ARC SUPPORT AND VOLUNTEER SERVICES
ALZHEIMER'S DISEASE SUPPORT SERVICES
MATERNAL CHILD HEALTH PROGRAM
PALLIATIVE CARE SERVICES
MEDICAL SOCIAL SERVICES
HOME HEALTH AIDES
HOMEMAKERS
VOLUNTARY CARE GIVERS

Certified for Medicare - Medicaid United Way Agency

Serving: Agawam, East Longmeadow, Hampden, Longmeadow, Ludlow, Southwick, Springfield, Westfield, West Springfield and Wilbraham

Personal Finances *Finding the Right Money Manager*

Faced with the complexities of U.S. financial markets, individuals, trustees, pension fund managers, and charitable foundations have long realized that they need help from professional money managers to preserve capital, stay ahead of inflation and obtain superior returns on their investments.

Finding the right money manager, however, can be confusing and difficult. The burgeoning of investment alternatives has created a need for more sophistication when hiring money mangers. In addition there are now more than 9,500 independent advisors who are registered with the SEC. With such a staggering number of advisors out there, it has become a challenge to find the right investment advisor for your particular needs.

Experts say that track record alone is not enough to measure a money manager. How can you find the right advisor?

Increasingly large corporations and individuals turn to consultants for help in locating an advisor. However, the sophisticated programs necessary to locate money managers, and monitor their performance, can make these consultants expensive. (Some have minimum fees of $40,000 a year.)

Today, there's a new breed of financial consultant—the broker/consultant—who can locate a money manager without undue expense. The Winer/Frye Group- at PaineWebber in Springfield, MA, specializes in this area. The monitoring, comparison and analysis programs used by the Winer/Frye Group are paid for by competitive commissions, not by high fees.

What we do is very similar to what consultants do for major pension funds. We help clients set investment goals and objectives, and then find and monitor the managers who are most likely to meet those objectives.

The Winer/Frye Group uses a quantitative approach to begin searching for the right money manager for you. Time weighted rates of return, beta risk analysis and decile rankings are a few of the tools that we may use in locating top professional money managers. The statistical measures are only the first step, however. The greatest value in having a consultant is the evaluation of your prospective management firm on qualitative issues.

Through our association within the financial community and our own experience in working with different investment managers, the Winer/Frye Group has developed a check list for use in selecting a money manager. Together you and the Winer/Frye Group would consider the following:

I. First, Look at the Firm:

Has it been in business long enough to evaluate its investment performance over a cycle in the financial markets?

How many dollars does it have under management? Does it have clients with needs similar to yours?

Has the firm lost accounts in the past, and if so, why?

How does the firm protect clients from losses in a down market?

Are the investment decision-makers qualified asset managers?

II. Second, Look at the Individual Manager:

Does the manager have a proven record?

Will the manager devote time to developing your individual investment program?

Is the manager able to limit losses and risks through a sound capital conservation philosophy?

Are you comfortable talking with the manager about your needs?

Are the manager's other clients satisfied?

Before you make your final selection, you should consider fees. Although fees will vary from manager to manager, annual management fees are usually based on percentage of assets in the account. No fee is charged by the Winer/Frye Group, but trades generated through the account are generally directed to us, and we then earn commissions from those transactions.

In addition to helping you set objectives and find an appropriate money manager, we can prove a valuable aid in helping monitor a manager's performance. We receive information on the portfolio and will call a money manager to discuss strategies and changes in your needs. Clients will receive quarterly performance reports from the money manager, as well as account status reports and confirms of trades in the account from the Winer/Frye Group. ■

Stanley T. Winer and Robert M. Frye

SUBURBAN BUSINESS CENTER

632 Westfield Street
W. Springfield, MA 01089
413 ▪ 788 ▪ 4857

SUBURBAN BUSINESS CENTER
Introduces
MEDICAL TRANSCRIPTION SERVICE
Experienced Transcribers are assigned to individual accounts insuring consistent high quality work.

Quick Turn Around
In on Monday
Back by Friday service

Competitive Rates
Free Pick-up and Delivery
Monthly Billing Available

Our secretarial service handles the most demanding of accounts. We understand that successful physicians require the best service available and we are committed to that end. Our personal service to each account guarantees your satisfaction.

Berkshire Medical Center

This is the fourth in a continuing series of articles featuring Western Massachusetts Hospitals

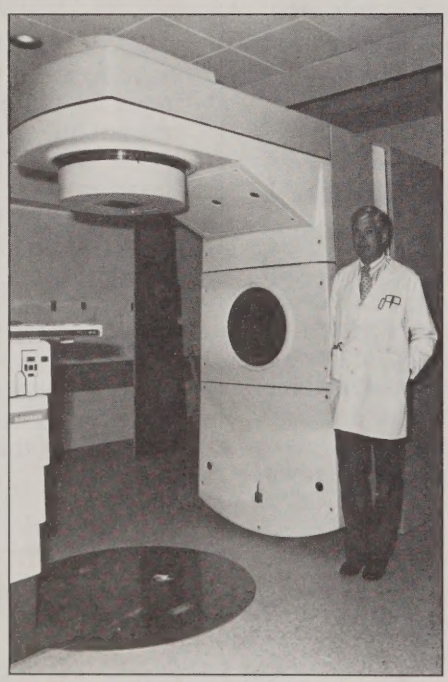
As the largest healthcare facility in the Berkshire region, Berkshire Medical Center (BMC) takes pride in offering the community a broad range of highly-sophisticated services normally found only in urban medical centers. Established in 1967 through the country's first merger of a secular and non-secular hospital, BMC has grown steadily. Today, the 369-bed teaching hospital is the centerpiece of a large healthcare system, whose scope and diversity permit sharing of services and generating of revenues to support BMC during the current era of budget cuts and regulatory constraints.

Early diversification into long-term and home care on the part of BMC's parent corporation, Berkshire Health Systems, Inc. (BHS) has resulted in yearly operating surpluses, including a $1,117,000 surplus in fiscal 1988. Based on BHS's financial performance, as well as its stability and growth, Standard & Poor's upgraded the health system's bond rating from A minus to A just prior to the offering of a $45 million BHS bond issue this spring. The bonds sold out in five hours, with four times as many buyers as available bonds.

A key factor in the success of BHS is the leadership and vision of its board of trustees and its president, John C. Johnson, who has led the diversification process. Johnson, who has headed BHS since 1983, was recently selected by *Healthweek* as one of the nations' top 25 healthcare executives.

Leadership is shared by BMC's fine medical staff of 260 physicians in over 40 specialty areas. As members of the faculty of the University of Massachusetts Medical School at BMC, attendings provide training to residents, fellows and medical students. BMC currently offers residency programs in medicine, surgery, dentistry and pathology; re-establishment of an ob/gyn residency is in progress. Approximately 18 months ago, BMC hired its first full-time chief of staff in response to the need for full-time management of regulation, new technology and other physician/hospital issues.

Richard J. Lynch, M.D., Chief of the Medical Staff at BMC



Michael F. Sheridan, with the Linear Accelerator in the Cancer Institute of the Berkshires at BMC.

During the past year BMC has added a number of important new services; many others, which will be financed by the bond issue, are in the planning stages. The largest recent project was the construction of the Cancer Institute of the Berkshires, a state-of-the-art radiation therapy facility at BMC, which was dedicated in June, 1988. This new wing and its sophisticated equipment were funded entirely by $3.5 million in community donations. With its linear accelerator, simulator and planning computer, all housed in a handsome, skylighted building, the Cancer Institute provides the most advanced radiation therapy in a serene environment. Together with BMC's medical and surgical oncology services, the Cancer Institute enables patients to receive comprehensive cancer treatment close to home.

In the spring of 1988, BMC opened its Psychiatric Intensive Care Unit, the first service of its kind in Berkshire County. The 12-bed unit provides short-term, intensive therapy in a secure setting to patients experiencing an acute episode of mental illness. The Psychiatric ICU fills a pressing community need and completes the spectrum of services offered by BMC's Department of Psychiatry, which include inpatient acute services and outpatient counseling and testing through the Family Center of the Berkshires.

The quality of patient care is under continuous scrutiny at BMC. One highly-successful quality assurance program is Gold Service, initiated and designed by employees. Gold Service sets standards of employee performance in the areas of quality, respect, courtesy, service, appearance and cleanliness. These stadards are incorporated into orientation and evaluations, and reinforced through periodic Gold Service special events and promotions.

Spiritual comfort and support are important facets of quality patient care at BMC. To assist patients and their families with the stress of hospitalization, BMC has begun a Clinical pastoral education program to train clergy and

hospital staff in meeting the special emotional and spiritual needs of patients. To house the program and provide a quiet area for counseling and meditation, BMC constructed an interfaith chapel, which opened in January. Funded by donations from area congregations and hospital staff, the chapel is illuminated by a three-panel, handmade stained glass window. Offices, a conference room and confidential meeting room complete the new facility.

For the convenience of its employees and as a recruitment incentive, BMC opened an on-site child care center last fall. Operated by Bright Horizons Child Care Centers of Cambridge, the center accommodates 40 infants, toddlers and preschoolers in a cheerful, convenient facility.

John C. Johnson, President
Berkshire Health Systems, Inc.

A second program which is expected to aid in the recruitment and retention of registered nurses will enable graduates of associate and diploma schools of nursing to earn a baccalaureate degree in Berkshire County. Through a joint effort by BMC, the University of Massachusetts and Berkshire Community College, nurses will be able to complete course requirements locally, instead of commuting to Amherst.

Several major capital projects will be underway during the coming year. BMC has completed the first half of a two-phase project to upgrade its critical care services. The Coronary Care Unit has been completely renovated and equipped with a state-of-the-art central monitoring system, funded by $400,00 in community and employee donations. This equipment is so new that BMC and Yale-New Haven Hospital are the only facilities in New England to have it. The system provides continuous, simultaneous monitoring of six vital statuses for up to eight patients from the central monitor, and up to three patients from any patient room. It also trends data over a 24-hour period, compares and contrasts data, and monitors respiratory function.

Phase two of the project will consist of similar renovations and an identical monitoring system for the Intensive Care Unit.

Another major project, slated for early fall, is the redesign and expansion of BMC's maternal/child health department. The maternity area will have five LDR's, two high-risk pregnancy rooms, and two operating rooms. There will also be a perinatal testing unit for Phase 3 ultrasound, fetal diagnosis and fetal wellbeing studies. The Special Care Nursery will be expanded.

In conjunction with the upgrading of maternal services, BMC is currently recruiting five to six hospital-based obstetrician/gynecologists who will form the faculty for an ob/gyn residency program.

Other future improvements will be the upgrading of BMC's Trauma Center and the acquisition of a fixed-base Magnetic Resonance Imaging System, to replace the mobile unit currently in use.

The medical center's continuing growth and clinical excellence are supported and enhanced by the health system. In 1983, the BMC board of trustees voted to reorganize the hospital into a holding company and a new hospital corporation. Today, Berkshire Health Systems encompasses BMC, 70-bed Fairview Hospital in Great Barrington, three extended care facilities (with three more due to open soon), a lifecare community under construction, two home care divisions, a research institute and laboratory.

Diversification into related areas of healthcare which are less tightly regulated and better reimbursed than hospitals has greatly benefited BMC and the health system. As acute care admissions have declined and reimbursement has slowed. BHS has been able both to generate additional revenues and to take advantage of economies of scale, share staff and services and allocation of fixed costs among its entities.

The goal of BHS is to offer the community a full range of health services, from birth through old age, from trauma services to health promotion, and everything in between. The health system ensures that patients receive consistently high-quality care, no matter which affiliate's services they utilize.

Diversification has proved to be an effective strategy to cope with the current uncertainty in the healthcare industry. With the financial support of the health system, BMC can continue to provide comprehensive acute services to the Berkshire community. ■

ESTABLISHED IN THE YEAR 1851
Dickinson-Streeter Funeral Service
305 STATE ST., SPRINGFIELD, MASS.
Earle C. Bradley Alfred J. Gay

Distinctive Dining at Springfield's
STUDENT PRINCE
and
FORT RESTAURANT
8-14 Fort St. 788-6628-Springfield

EVERGREEN HAS AN OLD-FASHIONED OUTLOOK ON LIFE.

Evergreen Health Care Center located on the grounds of Johnson Memorial Hospital embraces "old fashioned" values that make us an excellent choice for your patients who need skilled care. Country views and gracious living are an ideal complement to state-of-the-art medical care.

Specialized Medical Services Evergreen offers a wide range of specialized medical services which include: • 24-hour nursing care • Physical, occupational and speech therapy • Optometry and ophthalmology • Social services and therapeutic recreation • Dental care • Mental health services • Podiatry. Our proximity to Johnson Memorial Hospital allows patients easy access to the hospital's facilities and resources.

Professional Staff Our dedicated professional staff use a team approach to caring. Each resident is provided with a uniquely tailored plan of care coordinated by our nursing, recreation, dietary, social service, therapeutic staff and attending physician.

Fine Country Living The atmosphere at Evergreen is peaceful and relaxing yet stimulating. There are opportunities for recreation, socializing and day trips. Each room is homey, with elegant touches and furnishings that enhance a gracious lifestyle.

Inquiries For information regarding medical staff privileges contact Dr. Herbert Dimeola or Mr. Daniel McIntyre at (203)684-4251, exts. 207 or 204.

EVERGREEN
HEALTH CARE CENTER
A Wellcare, Inc. Facility Affiliated With Johnson Memorial Hospital

Hampden Committee Activities

The committees of HDMS were active in the Spring of '89. The first meeting of the Executive Committee under Dr. Nancy Weiss' tenure was held on May 23, 1989.

Dr. Chircop reported on the May Phone-a-thon which resulted in two new members and two reinstated members.

Dr. Remsberg reported on the Risk Management Credit Programs put out by Tillinghast Publications. It is a cassette tape program. There was a discussion as to whether it would be better to have Mass. Medical Society Department of Education produce a Risk Management Program.

The June 20, 1989, meeting was highlighted by the following:

1. Decision to request help from a variety of sources in over-turning the requirement of physicians to provide referral physician provider numbers.
2. The announcement that a Mass. Medical Society Regional Office was being opened in Northampton was viewed as a very positive step. The Mass. Medical Society plans on spending over $180,000 over the next several years in this trial project in hopes of serving the Western Massachusetts physicians more directly. The plan is that this office will provide services for Hampden, Hampshire, Berkshire, Franklin, Worcester, and Worcester North Districts.
3. Our Public Relations Program was reviewed and the problems with reimbursement from Medicaid were discussed, and plans for Dr. Weiss to write to Lewis Sullivan, M.D., Secretary of Department of Health and Human Services were formulated.

The search for new office space continues. The Building Committee is actively looking at all available sites which will be inspected over the summer and a report to the September 26, 1989, District Meeting is planned.

Finally, Dr. Rich reported that the Liability Investigative Fund Effort, Inc. suit was filed in the Hampden County Superior Court on May 3, 1989, asking that retroactive medical malpractice premiums be stopped. Dr. Rich said that LIFE Group needs donations. The Hippocrat will do its best to keep you informed on this matter.

The Public Health Committee continued to be very active. Its April meeting was devoted primarily to a discussion of areas in the future on which to concentrate their meetings and a list of 10 such areas were highlighted.

The May 30, 1989 meeting was attended by Commissioner Sipolla who pointed out the variety of cuts that would be made in the public health area due to the City of Springfield's financial crisis. Foremost receiving these cuts would be the Smith Center, Hypertension and Wellness Programs, and the newly planned Dental Clinic, and the Fluoride Mouthwash Program. They are attempting to keep the AIDS Program intact. The Committee went on record as saying that they are very concerned about these cuts in health care and sent a letter stating such to Mayor Mary Hurley. It was noted that the Alchoholism Services of Greater Springfield has changed its name and is now called Alchoholism and Drug Services of Greater Springfield. Mr. O'Brien of the Alchoholism and Drug Services of Greater Springfield presented a broad description of the services and programs which was well received by the Committee who felt that this information should be placed in the form of an article for the Hampden Hippocrat which we will publish upon receiving.

The June 27, 1989, Public Health Committee Meeting also centered around the cuts in the Public Health Budget because further cuts were necessary following the failure of Proposition 2½ override. This resulted in a 42.9% cut in monies requiring the original staff of 112 be reduced to 63. Among the further programs cut were Homebound Elderly Dental Program, the HIV Dental Program, the Hypertension Program, the Wellness Program, the Refugee Program, and the Homeless Program. There will be 25 public health nurses to handle 50 schools.

Commissioner Sipolla finished on a positive note saying that the Dental Society is going to try to help the Fluoride Rinse Program through the services of their Auxillary which will have to cover 266 classes per week.

The Medico-Religious Committee met on May 12, 1989. Their primary topics of discussion were the planning of their seminar in the fall. A report on their plans for the seminar are covered elsewhere in the Hippocrat.■

ORIENTAL RUGS
We buy and sell Oriental Rugs
MARKARIAN & MARKARIAN
EST. 1895
472 BRIDGE STREET, SPRINGFIELD
at APREMONT TRIANGLE 737-1227
ANTIQUE and SEMI-ANTIQUE RUGS
AUTHENTIC OIL PAINTINGS
INDIAN and CHINESE RUGS

Notice to Physicians on Health Care Counseling Service for Elders:

This service is called SHINE (Serving Health Information Needs of Elders). SHINE is a *free health benefits counseling service for senior citizens,* sponsored by the Massachusetts Executive Office of Elder Affairs in conjunction with the Councils On Aging.

SHINE is a network of dedicated, caring individuals whose commitment is to ensure that Massachusetts elders have access to accurate information concerning health insurance and health care options.

SHINE counselors are volunteers who have had training in health benefit needs. SHINE counselors are available at a variety of sites to enable the elderly access to accurate up-to-date health benefit information. However, if the elder is homebound, a SHINE counselor will go to their home.

SHINE will review coverage and help elders understand their insurance needs. They can show the elder *how to file a claim and help them to fill out their medical forms.* Following is a list of Councils On Aging SHINE volunteer sites:

COUNCILS ON AGING SHINE VOLUNTEER SITES

East Longmeadow	525-5436
Chicopee	534-3698
Hampden	566-3023
Longmeadow	567-5414
Ludlow	583-3564
Monson	267-4619
Palmer	283-3259
Agawam	786-0400
Springfield	787-6124
West Springfield	781-7550
Wilbraham	596-8232
Holyoke	534-2208
Westfield	562-6435
Jewish Community Center	739-4175
Mercy Hospital	781-9100
Ludlow Hospital	583-8365

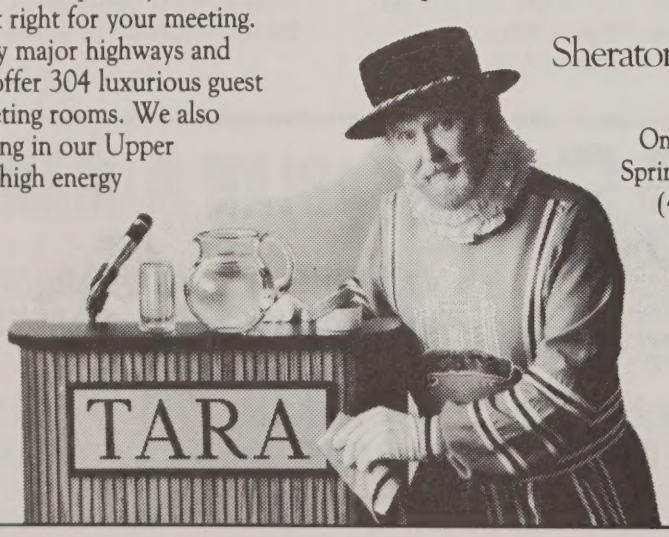
■

Our legendary attention to details will make your next business meeting shine.

Before your company holds its next meeting at a Tara Hotel, our staff holds its own meeting. With you. So we can plan the biggest meeting to the smallest detail. From meeting rooms to overnight accommodations to A/V equipment to creating a menu as unique as your event.

Our hotel is just right for your meeting. Easily accessible by major highways and airports. And we offer 304 luxurious guest rooms and 18 meeting rooms. We also offer gourmet dining in our Upper Crust Restaurant, high energy entertainment in our Laurels Lounge and a complete fitness facility, The Tara Club.

So call the Sheraton Tara Hotel at Monarch Place at 413-781-1010 for further information. Let us handle the details and you handle the compliments.



Sheraton Tara Hotel at Monarch Place
THE FLATLEY COMPANY

One Monarch Place
Springfield, MA 01144
(413) 781-1010

Medical Ethics Forum

Dr. James Fitzpatrick, Chairman of our Medico-Religious Committee asks us to announce to our members the Fifth Annual Medical Ethics Forum.

The program will be held on Wednesday, October 25, 1989 in the Deliso Center of Mercy Hospital, 271 Carew Street, Springfield from 7:00 to 10:00 p.m.

The topic of this year's Forum will be "Genetics and Ethics: Precedents and Prospects". Our speaker will be Matthew J. Temple, O.Carm., PhD, who is Associate Professor of Biology at Nazareth College of Rochester, New York. Father Temple has published many articles and books on genetics and ethics and spoke in Pittsfield last October at the Berkshire Area Health Education Council Meeting to rave notices.

Our annual Forum objectives are to bring together various health professionals to assess their needs for greater clarification of medical ethical issues; to be able to identify methods of dealing with ethical issues; and to present and have discussion regarding current medical ethical dilemmas.

Permission to award 3 Category I CME's has been applied for to the Springfield Academy of Medicine. The Forum has also applied for approval to award credits to Registered Nurses, Licensed Practical Nurses and Social Workers as we have in the past.

The fee for this program is $12.00. You can register by phone by calling 736-0661. ■

World-class accommodations and convenience

Sheraton Hotel at Bradley International Airport
The hospitality people of ITT
BRADLEY INTERNATIONAL AIRPORT
WINDSOR LOCKS, CONNECTICUT 06096
TEL: 203/627-5311 FAX: 203/627-9348

Stay Park and Fly

Enjoy the comfort and convenience of a truly first-class hotel. Located inside the airport. Connected to terminals A and B by enclosed, climate-controlled walkways. That convenience gives you extra time—time for our pool, sauna, a complete exercise room, our celebrated restaurant and lobby lounge.

- Friday, Saturday or Sunday night
- Parking in our secure, indoor lot for up to eight days.
- Children under 17 stay FREE In parent's room.

THE HOTEL INSIDE THE AIRPORT

Message Center Beepers

1401 State Street, Springfield, MA 01109

Mobiletelephone ■ Beepers ■ Answering Service

781-1149 **Mass** Toll Free: 1-800-332-1149

TALENT TREE HEALTH CARE SERVICES

425 Union Street, West Springfield, Massachusetts (413) 737-2656

TALENT TREE®

Carefully chosen specialists serving all your staffing and home care needs.

- RNs
- LPNs
- NURSE'S AIDES
- HOMEMAKERS
- PERSONAL CARE ATTENDANTS
- COMPANIONS
- LIVE IN COMPANIONS

What Ever Became Of...?

The "Springfield 24" (Your tax dollars at work)

As of this writing, the number of defendants has been whittled down to 16 determined Obstetricians. Settlement with the Attorney General's office by the others cost about as much as a new Volkswagen Jetta, not including legal expenses. This money goes to the Attorney General's Office into a special anti-trust fund and will not, therefore, replace the tax dollars spent to "protect the patients from these doctors" (Mr. Shannon's words).

The Massachusetts Medical Society has provided invaluable assistance in establishing and advising the Pioneer Valley Legal Defense Fund Trust (PVLDFT), which will help to defray part of the legal expenses incurred by the defendants who remain in the fight. The plight of the "Springfield 24" is mentioned in the July issue of Medical Economics as part of an excellent article on physician exodus from Massachusetts.

As the fight continues, the "light at the end of the tunnel" is Summary Judgement. I personally would expect the judge to dismiss this case due to lack of evidence (not to mention the lack of merit!). Unfortunately, however, the light at the end of the tunnel for the Massachussetts physician is often an oncoming freight train.

The PVLDFT will soon be mobilizing for another fund-raising push as payouts to attorneys representing those physicians who continue to fight begin to deplete the trust.

Contributions may be made to PVLDFT at P.O. Box 61, East Longmeadow, Massachusetts 01028.

PSAM (The Physicians Union)

Physicians and Surgeons Association of Massachusetts (PSAM) ceased operations and fiscally dissolved on June 30, 1989. Plagued by decreasing membership and increasing apathy born out of continual frustration, the so-called physicians' union was an energetic attempt to provide physicians with smaller, less diversified organization than the Massachusetts Medical Society. It was hoped that Physicians and Surgeons Association of Massachusetts would work with the Massachusetts Medical Society in a complementary fashion to directly address oppression by 3rd party payors, the Legislature, and the Board of Registration. As a member of the Physicians and Surgeons Association of Massachusetts Executive Committee, I was saddened by its passage, but hopeful that the Massachusetts Medical Society will continue to expand on the attempts made by the Union to "do something" about confronting physicians trying to practice in Massachusetts. ■

Charles W. Cahill, M.D.

Important products from Dista

PROZAC® fluoxetine hydrochloride 20-mg Pulvules®

KEFTAB® cephalexin hydrochloride 250- and 500-mg Tablets

Additional information available to the profession on request.

DISTA
Dista Products Company
Division of Eli Lilly and Company
Indianapolis, Indiana 46285

FL-4908-B 949312
©1989, DISTA PRODUCTS COMPANY

Mental Illness: *It's Impact on Families*

The first week in October is Mental Illness Awareness Week. This week has been set aside, as a result of cooperation between the American Psychiatric Association and The National Alliance for the Mentally Ill, to call attention to the need for compassionate understanding and proper treatment of those who suffer from severe mental illnesses. The major illnesses of concern are bipolar and unipolar affective disorders and the schizophrenias.

Many physicians already have a high awareness of the seriousness of these diseases, for they often see these patients in their daily practice. This is not surprising since about 1% of the population has schizophrenia. Between 2 and 3% have bipolar mood disorder, and as many as 5% suffer from major depression, or unipolar mood disorder. Altogether, it is estimated that 14.5 million Americans have serious mental illness. At best they're disabled for a time; at worst, shattered for life. More people are victims of serious mental illness than of heart disease, cancer, and respiratory ailments combined. Each year in this country we spend between 20 and 40 billion dollars on medical and social services for victims of schizophrenia and mood disorders, and still fail, by a very long way, to meet all their needs.

Though persons with mental illness often have great difficulty communicating their thoughts and feelings to others, most of them have expressed their feelings sufficiently for us to know that they suffer incredibly. They feel keenly the loss of the normal life they could have had if it weren't for the illness. They are often unbearably lonely, and they are deeply hurt by the callous, and sometimes cruel, way they may be treated in our society. Even those who are most severly ill, and appear to be completely out of touch with reality, are more aware than they seem to be. They are greatly in need of help.

When treating a patient who shows signs of severe depression, mania, psychosis, or extreme withdrawal, and who is not already receiving treatment for these symptoms, the physician may wish to make a referral to a psychiatrist.

Wherever there is a mentally ill patient, there is likely to be a concerned, worried family involved. Millions of families are struggling to care for seriously mentally ill family members, often with little knowledge of the malady with which they are trying to cope.

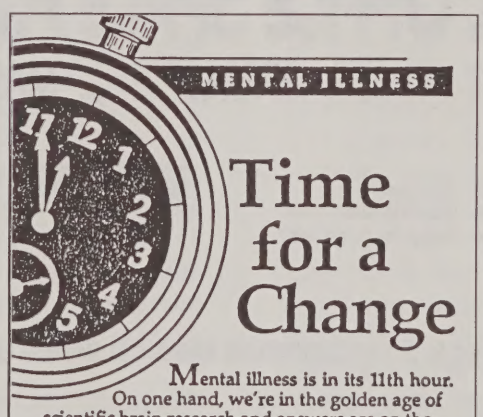
Though I cannot really tell you how it feels to be mentally ill, I can tell you how it feels when a member of your family becomes mentally ill. I've experienced this myself, and family support groups have given me the opportunity to learn how other family members feel. When a close friend or relative becomes seriously mentally ill, a loved one seems to be lost. The personality may change until the family seems to be living with a stranger. He or she is still there inside the same body. This is clear because once in a while he really looks out at others, and appears to be seeing things the way he used to, and now and then he speaks with insight and intelligence, and one gets a glimpse of what he might have been if it weren't for the disease. And often one can see the hurt and the anger he feels because of having to live a life that seems to be out of his control and is certainly not the kind of life he wanted. It is impossible not to regret the talents and intelligence going to waste. Family members long to express the love they feel, and their sorrow because of the suffering, but when they try, they sometimes incur rejection or even anger.

One of the major problems faced by these families is finding suitable community housing for persons being discharged from hospitals. There are currently about 550 people in Massachusetts State psychiatric hospitals who are ready for discharge, but cannot leave the hospital because there is no place for them to live in the community. Many of these people need some assistance with managing their daily lives. If they live alone, without support, they are likely to relapse soon and need rehospitalization. Anyway, few of them can afford an apartment on the open market. But the number of community residences is highly inadequate. So families often take the person home to live. When they do this, they may find themselves on duty 24 hours a day, 7 days a week, with no time off for vacations, or even for illness. Even with help from the mental health system, this can be a staggering task, especially when one is overwhelmed with emotions.

These family members are often desperate for information about the illness, appropriate treatments, and available services. They may be feeling guilty, having heard the old myth that mental illness is caused by pathogenic families.

The best place for families to find the information and support they

continued



Mental illness is in its 11th hour. On one hand, we're in the golden age of scientific brain research and answers are on the horizon.

On the other hand, time is running out for millions of aging parents who care for their adult mentally ill children. When these caregivers are gone, a new wave of homelessness could appear.

It's not too late. Help make a difference by joining:

The Alliance for the Mentally Ill
P.O. Box 500
Agawam, Massachusetts 01001
(413) 786-9139

Mental Illness: *It's Impact on Families*

continued

need is with the Alliance for the Mentally Ill (AMI). Since its beginning in 1979, National AME (NAMI) has grown to have about 80,000 members and almost 900 local affiliates throughout the United States. Most of the members are relatives of mentally ill persons, seeking support for themselves, and knowledge of how to help their ill relatives.

NAMI and all its affiliates gather information about the nature and treatment of serious mental illnesses. They advocate for improved legislation and for increased funding for research which is financed by the National Institute of Mental Health (NIMH) and the National Alliance for Research on Schizophrenia and Depression (NARSAD).

Neuroscientists sometimes say that approximately half of what we know about the brain has been learned during the last ten years. And this explosion of knowledge has come about in spite of a serious underfunding of biological research on major mental illnesses. Now it is hoped that there will be increased funding so that researchers can make more use of the exciting new brain imaging techniques such as positron emission tomography (PET) and brain electrical activity mapping (BEAM). There is much excitement about what may be learned during the next ten years. The thought inspires AMI groups to label the 1990's THE DECADE OF THE BRAIN.

The Alliance for the Mentally Ill (AMI) of Western Mass. is an affiliate of NAMI and also of AMI of Massachusetts. It has a membership of about 475, and provides family-led support groups which meet in Springfield, Holyoke, Northampton, Greenfield, and Pittsfield. There is also a group especially for families of children or adolescents who have serious emotional problems, and another for persons who suffer from manic-depression or depression.

AMI of Western Mass. also maintains a small library of books, periodicals, and audio and video tapes about mental illnesses. In addition, educational meetings, open to the general public, are held periodically.

Either the physician, or a family member may call the AMI office at 717½ Main Street in Agawam for more information. Between 9:00 a.m. and 3:00 p.m., Monday through Friday, the phone will be answered by someone who understands what it is like to experience mental illness in the family. At other times a recorded message can be left, and the call will be returned, The number is (413) 786-9139. ■

MEDICAL OFFICE SPACE AVAILABLE

780 CHESTNUT STREET, SPRINGFIELD, MASSACHUSETTS

FIRST FLOOR	Suite 15	740	Square Feet
		754	Square Feet
		1494	Total Square Feet

SECOND FLOOR	Suite 21	574	Square Feet
	Suite 23	526	Square Feet
	Suite 25	770	Square Feet
	Suite 24	918	Square Feet
		2788	Total Square Feet

780 Chestnut Street is an established Medical Office Building offering:

- Convenient Location across from Baystate Medical Center.
- Easy Access to I-91, North and South
- Ample Free Parking adjacent to the building
- Leasing and Purchase Opportunities

For more information please contact:

Exclusive Leasing Agents
SAMUEL D. PLOTKIN AND ASSOCIATES, INC.
REAL ESTATE DEVELOPMENT & MANAGEMENT
P.O. Box 15449, Springfield, MA 01115 (413) 732-2158

A Piece Of My Mind

The debate about the cost of medical care and the related issues of access and availability continues. In the early 1950's, (about the time I was deciding to go to medical school), the worry on the part of the profession centered around the possibility of medical care being "nationalized". This was advocated by Mr. Truman and a large segment of the liberal political establishment. This sort of system meant that the government would own the hospitals, clinics, and physicians would supposedly be on salary. In short, government would own and operate the whole shooting match.

Now, the system of nationalized medical care is no longer advocated by anyone, and the phrase now being used is "universal health care"; by which is meant some sort of overall insurance system, coupled with cost controls, reimbursement caps, fee schedules, etc. All of this is meant to function within the framework of our present "pluralistic" system; with participation by HMO's, PPO's, existing hospitals, private practitioners, and so forth.

This latest approach espouses a laudable goal, without the spector of total government ownership and control. Total government control (as in Britain) has become discredited in this country, as we have watched the experience of other nations evolve over the past forty years. Now, what about the concept of "universal health care"???

It is pretty hard to quarrel with this idea on practical or theoretical grounds. I think that physicians are genuinely interested in people and their problems, and the presence of thirty-seven million people without financial support or coverage for possible health care expenses is not attractive. These folks are essentially shut out of our present system, and depend on the largesse and charity of individual practitioners and institutions. This can be a real problem for both providers, and patients. As fiscal constraints increase, it gets to be harder to absorb the cost of care to the needy. A real practical dilemma arises: How do we care for the poor, and those outside our present system, and how will that care be financed?

Next, we have to face the reality of escalating health care costs. This is a major problem, and one which cannot be ignored, and will be addressed by the body politic one way or another. The hand-writing on the wall is pretty plain—something is going to be done in the political arena to get a handle on this aspect of health care.

So, in order to address the twin issues of access and cost; some sort of "universal health care" system is attractive to many segments of our society. If you are interested in people and their problems, it is pretty hard to take a doctrinaire and hard-nosed position in opposition to such an idea. It almost becomes an apple-pie and motherhood political situation.

Having said all of the above, let us take a closer look at the practical aspects of what we are facing. Every person would like to have the best possible health care when the need arises, and have someone else pay the bill. Cheap-o medical care is not for us as individuals, but would be just fine for others.

When Senator Kennedy broke his back in an airplane crack-up in these parts, twenty plus years ago, he was cared for in the Lahey Pavilion at the New England Baptist Hospital in a private room with all the trimmings. When his son had the misfortune of having a bone tumor, it was off to Sloan-Kettering in New York for consultation and treatment. In neither instance, I am sure, was cost a primary consideration. In short, politicians advocate low-cost care for their constituents, employers advocate low-cost care for their employees, well people advocate low-cost care for sick people, and everyone advocates low-cost care for someone else. When the chips are down, and our personal chestnuts are in the fire—we all want first class and complete care—period. Herein lies a big political can of worms. Everyone wants the very best for themselves and their families, people generally will not wish to pay for the cost of this care, and will try to lay the bill in whole or in part onto someone else. With our present attitude toward public finance and expenditure, perhaps much of the bill will be parked in the laps of people yet unborn.

In short, attractive as universal health care may be, we had better take a hard and realistic look at this thing as it evolves. I get a bit of a cramp when confronted by people (including some physicians) who feel that government control and financing will be the answer to a maiden's prayer, and government "planning" will be really great. Let's take a look at the record of government health care planning in the past forty years.

We can start with the Hill-Burton legislation in the post World War Two era. Here was a plan to federally subsidize hospital construction, so that each community—including small ones—could have a hospital, and so that medical care "close to home" would be available. The North Wing at Baystate Medical Center was partially funded with money from this government program. Hardly had the last such building program been completed, then the hue and cry was that there were too many hospital beds, and the present system (again under government sponsorship) is trying to get hospitals to close beds, or shut their doors all together.

Let's take a look at the issue of physician numbers and supply. When I graduated from medical school, about eight thousand physicians a year were graduated in this country. The politicians felt that the profession was restricting supply, keeping up costs, and restricting

continued

A Piece Of My Mind

continued

access to care. With government funding and legislation, new medical schools were opened, class sizes were expanded, and sixteen thousand plus physicians are now graduated annually. The idea was that more physicians would create more competition, reduce costs and fees, and force doctors into underserved areas. Well, more doctors created more access and availability—there was more "doctoring" being done—and costs increased. It turned out that physicians still weren't keen on living in the inner cities and in the boondocks; despite their increased numbers.

Next, the government said that a physician "surplus" was upon us, and decrease in numbers of surgeons and other sorts of doctors was clearly needed. Only it turns out that half of our physicians are going to be women. At least in surgery, one woman seems to do about seventy percent of the work of a male surgeon, so maybe the surplus is non-existant.

I think that the record clearly shows that government "planning" has been off the mark pretty consistently. It is difficult, if not impossible, to get good long-range decisions made in a politically charged atmosphere. Special interest groups swarm in like flies to a honey pot, the politicos go into their usual tap-dance, and decisions (such as they are) are aimed at the next election results.

Clearly, we are in the midst of a time of great change. This thing is not going to go away, and five to ten years from now, likely as not, the medical care landscape will be substantially altered. We need to be informed about, and involved in this process of change. Physicians are not going to make the decisions on the horizon, but will surely have some input into the process. We need to avoid doctrinaire and knee-jerk responses to various proposals. We cannot afford to be naive and uninformed, or to survey the scene with rose-tinted glasses. We must be realistic and vigilant as ideas are floated, and decisions are made. A system of universal healthcare may well solve or ameliorate some of the problems of cost and access which are so disturbing. Rest assured that, although some problems may be addressed, others that we may not have thought of yet will surely arise as our health care system winds its way toward the next century.■

J. Gordon Rich, M.D.

Medical Management of New England, Inc.

Dedicated to meeting the needs of the medical community.

2442 Boston Road, Wilbraham, Massachusetts 01095
(413) 596-2526

Lewiston, Maine
Corporate Office

Hartford, Connecticut

Providence, Rhode Island

Boston, Massachusetts

Lebanon, New Hampshire
Healthcare Billing Services Division

A Glance at the Duty of Confidentiality

This article was written by Felicity Hardee, a partner in the Springfield law office of Bulkley, Richardson and Gelinas.

With increasing pressure being exerted on the physician-patient relationship, there has been a heightened level of concern regarding the physician's duty of confidentiality. A number of legislative developments and judicial precedents have provided conflicting signals as to when a physician must protect information obtained during consultation and when a physician is permitted or even required to disclose confidential material. While a full discussion of the physician's duty of confidentiality is beyond the scope of this article, a brief survey of recent developments in this area may be useful to refamiliarize the practitioner with the general concepts of the confidentiality obligation.

Unlike some states, Massachusetts does not have a statute regarding the confidentiality of the discussions between a physician and patient. However, the Massachusetts Supreme Judicial Court has recognized that a duty of confidentiality exists. The court has stated the general proposition that a physician may not disclose to others information gained through the physician-patient relationship. Unauthorized disclosure of such information may give rise to civil liability for breach of the duty of confidentiality or for invasion of privacy.

Disclosure of patient information may also subject the disclosing party to liability for violation of the patient's civil rights. Moreover, the Board of Registration in Medicine may undertake disciplinary action for disclosure of confidential information where the Board deems that such disclosure constitutes "misconduct."

As with every rule, however, there are various exceptions to the duty of confidentiality. A physician is required to disclose information to the Department of Social Services when he or she has reasonable cause to believe that a child is suffering from physical or emotional injury resulting from abuse. Moreover, the legislature has recently enacted legislation which requires licensed mental health professionals, including psychiatrists, to warn or protect an identified class of individuals based upon information received during consultation. Thus, when a psychiatrist's patient has explicitly threatened to kill or inflict serious bodily harm on an identified victim, the physician must take reasonable steps to warn the victim. This duty arises, however, only when the patient has the apparent intent or ability to carry out such a threat. Physicians are also required to report to the appropriate board of health any disease "dangerous to the public health." A little known statute also requires physicians to report to boards of health cases of cerebral palsy.

Some situations exist in which a physician may be permitted, but is not required, to make a disclosure of patient information. A physician hired by an employer to evaluate an employee is permitted to disclose information learned through constultation if the disclosure is reasonably necessary to further valid and substantial interests of the employer.

Massachusetts courts have avoided providing any "bright lines" in the delineation of the boundaries of the physician-patient relationship and thus the duty of confidentiality in certain situations is unclear. For example, if a treating physician is employed by a corporate defendant (*e.g.* a hospital, HMO or nursing home) and the corporate defendant is sued for negligence, and the negligence is not based upon the actions of the treating physician, then the question arises is the physician barred from discussing the case with the defense attorney for the corporate defendant? What if the physician-employee was a radiologist or pathologist who never had an interaction with the patient but merely provided consultation services to the patient's primary care provider? Important factors in determining whether disclosure is permissible may include the identity of the party to whom disclosure is made, the amount of information disclosed and the reasons for disclosure.

Problems in disclosing confidential medical information may be avoided by requiring a complete and thorough release from the patient prior to disseminating medical records or information. In light of recent developments, it is urged that practitioners employ forms of release which are comprehensive and tailored to situations which arise in their particular practices.

Consultation with an attorney is always advisable when a question arises, regarding release of medical information. While there are no guarantees, against litigation for release of medical information, knowledge of the general concepts, adequate documentation and consultation with counsel may reduce a physician's potential liability in this area. ■

OFFICE SPACE
Available within new urgent care center in Springfield. For details, call Daniel Dress, M.D. at:
(413) 781-1812

MEDICAL OFFICE SPACE AVAILABLE
HOSPITAL CAMPUS MEDICAL BUILDING
300 Stafford Street, Springfield
Airwalk to Mercy Hospital
Prime Location
Call:
APPLETON CORPORATION
(413) 536-8048

Professional Care/Olsten Home Health Care Services

WE MAKE HOUSE CALLS

Professional Care/Olsten Home Health Care Services Offers You:

- Free Patient Evaluation
- Complete Research into Insurance Coverage and Processing of subsequent claims
- Only experienced, screened and tested RNs, LPNs, Rehabilitative Therapists, Home Health Aides, Homemakers, Mental Health/Mental Retardation Workers
- Bonded, Liability Insured Employees
- Guaranteed Quality Service
- Care Custom Matched to the Patient's Needs
- Close Contact with Physicians
- Medicare/Medicaid Certified

Please call **733-1132** or **584-1030** for more information or with requests for service

Olsten®
Health Care Services

The Robert B. Doyle Agency:

- **APPRAISES** medical and dental practices
- **STRUCTURES** transactions for sale or gifting of practices
- **STRUCTURES** buy-ins and sell-outs for group medical and dental practices after first appraising the practice
- **ADVISES** young practitioners about college planning and experienced practitioners about retirement.
- **HAS STARTED** a new company called, **NORTHEAST ANESTHESIA ASSOCIATES** to recruit anesthesiologists and nurse anesthetists, both permanent and temporary, for positions from Maine to Washington, D.C.

Welcomes Inquiries:

ROBERT B. DOYLE, CLU, CFP, President
The Robert B. Doyle Agency
95 State Street, Suite 511
Springfield, MA 01103

TELEPHONE # (413) 785-1659

ONE COURT STREET, BOSTON, MA 02108
1133 15TH STREET NW, WASHINGTON, D.C. 20005

"We average a 25% liquidation rate for prestigious clients who annually entrust us with millions of dollars for collection."
WALKER ASSOCIATES, INC.

We are a Collection & Management Group with sensitivity and integrity. We produce results that count.

MANAGEMENT SERVICES

- On-site task force billers
- Special project, 3rd party follow-up
- A Resource Support staff
- Systems Analysis
- P.C. Software Procedures
- Training Personnel
- Blue Cross, Medicare, Medicaid & all 3rd Party Billings
- Management Projections & Reports

COLLECTION SERVICES

- Notices, telephone calls, and personal visits
- Design and implementation of collection systems
- Evaluation of existing collection systems
- Training of personnel
- Advising on invoice reminder programs and notices
- Determining accounts for collection
- Pre-collection letter writing

HEALTHCARE CLIENT SERVICES DIVISION

WALKER ASSOCIATES, INC.

Telephone 227-4488
One Court Street, Boston, Massachusetts 02108
Toll Free Telephone Numbers: in Massachusetts, 1-800-392-6038
In Other New England States, 1-800-225-6789

Excerpts of MMS Executive Briefs

Committee Meets On Sexual Misconduct

Bernard Levy, M.D., chairman of the MMS Committee on Physician Health, represented the Society at the June 27 meeting of a House Committee on Physician/Therapist Sexual Misconduct. The Committee, chaired by Representative Barbara Gardner (D-Holiston) was formed to assess the extent of therapist (physician and non—physician) sexual misconduct, and review possible actions that might address the problem. Actions could include new legislation, regulations, victim assistance programs, education, or activity from professional societies. Subcommittees are expected to meet during the summer, with the full committee set to reconvene in the fall.

Gailey Named Insurance Commissioner

Timothy H. Gailey, assistant secretary at the Executive Office of Consumer Affairs and Business Regulation, was named the new commissioner of insurance last week by Governor Dukakis. Gailey, assistant Consumer Affairs secretary since 1985, comes to his new post with extensive experience in medical malpractice, automobile, and life insurance lines. Gailey replaces Roger Singer, who handed in a surprise resignation to become senior vice president for the Commercial Union Assurance Corporation.

Pride In Medicine Awards Given

Five physicians and five nurses were chosen as winners of nurse/physician quality awards at the 1989 *Pride in Medicine* awards ceremony on June 29 in Springfield. The project, cosponsored by the MMS, focused this year on physicians and nurses who illustrated professionalism, dedication to patient care, and positive effects on other professionals, The physician winners: Peter Lehndorff, M.D., Burbank Hospital, Fitchburg; Jack Evjy, M.D., Holy Family Hospital and Medical Center, Methuen; Ethan S. Rofman, M.D., New England Memorial Hospital, Stoneham; Michelle Crage, M.D., Choate-Symmes Health Services, Woburn; Thomas Echeverria, M.D., Franklin Medical Center, Greenfield. Nurse winners: Jane Follett, R.N., Baystate Medical Center, Springfield; Mary Luby, R.N., Community Health Agency, Attleboro; Omega Bradley, R.N., Lemuel Shattuck Hospital, Boston; Anna Shelemian, R.N., Mount Auburn Hospital, Cambridge; and Joanne Breed, R.N., Framingham Union Hospital, Framingham. This is the third year the Society has helped to sponsor the project.

Seminar on MD Contracts Set

A one-half day seminar on *What Every Physician Should Know About Managed Care Contracts* will be held on Thursday, September 14 at MMS headquarters. The program will focus on basic contract law and specific legal considerations that physicians should address in evaluating provider contracts, plus the impact of recent court decisions on standards of care/quality assurance in managed care contracts. The seminar is open to physicians and office managers; three hours of CME Category One credit will be awarded. The registration fee is waived for physicians who are members of the MMS Physician Contracting Services Program. Registration is on a first-come, first-served basis. For more information contact the Program Registrar at MMS headquarters.

Medical Waste Regs Promulgated

Regulations on *medical waste* (Ch. 105, CMR 480.000) have been recently promulgated by the Department of Public Health (DPH). The regulations are designed to ensure proper handling, storage, and disposal of infectious or physically dangerous medical/biological waste to prevent disease transmission or injuries associated with the materials. Regulations cover all generators of medical waste, including physicians, dentists, funeral homes, nursing homes, and hospitals; private households are exempted.

The DPH regulations were issued before any final action was taken by the state legislature on the subject (a medical waste bill introduced this session was still pending before the Committee on Natural Resources when the legislature recessed for the summer). However, if the legislature takes up the medical waste bill in the fall and a bill eventually becomes law, the DPH regulations would be changed to concur with the new legislation. The Society will be monitoring this situation closely in the coming months.

MMS headquarters staff have also learned that individual physicians have been receiving telephone calls from infectious waste haulers concerning the new regulations. Physicians should be aware that the effective date of the regulations is **November 4, 1989**. To help explain the effects of the regulations and provide other helpful information, the Society is currently preparing a fact sheet on the new regulations. This fact sheet will be mailed to all MMS Members in August. Members with particular questions on the regulations can contact Charles Alagero (extension 1319) in the Department of Health Care Systems and Policy Analysis or Susan Webb (extension 1396) in the Department of Education and Communications at MMS headquarters. ■

Patient Education and Diet Management
Programs for Weight Control,
Diabetes, Hypertension, Cholesterol.
Food and Nutrition Education Specialists
and Registered Dietitians on Staff.

Food and Nutrition Consignments
55 State Street, Springfield, MA 01103
(413) 737-1935

Contact: Diane DiPiero-Saia

Letter To The Editors

June 21, 1989

Gentlemen:

I read the article entitled "The Cynic Bulletin" with great disgust. There is a place for political discourse and comment using many vehicles, including the HIPPOCRAT, as is shown by most of the other articles in the June-July issue. However, there should be no space alloted in our bulletin to scurrilous, ad hominem fulminations, which might even make the most infamous TV or radio talk show host blush. Misstatements of facts go far beyond any license that can, in good conscience, be claimed by any author.

I am particularly struck by the fact that the author did not even have the courage to sign this disgraceful opus.

Sincerely, Walter F. Tauber, M.D.

If other readers have opinions on these articles we would appreciate hearing from you. The Editors

PHYSICIAN VOLUNTEER NEEDED:

Physician needed to participate in quarterly professional advisory meetings at large, quality-oriented community health organization. Responsibilities include attendance at lunch in Springfield four times a year and input regarding policies, procedures and services. Great opportunity to learn more about Medicare/Medicaid home health care coverage: Please call Karen Blair, Administrator, Olsten Home Health Care, Inc. **(413) 733-1132**

Stanley T. Winer
Robert M. Frye

A Full Service Investment Team

Asset Management
Direct Investments
Retirement Planning
Portfolio Evaluation

PaineWebber

1500 Main Street, Springfield, MA 01115
739-2911 736-3671

Mass WATS 800-435-1616
National WATS 800-647-4575

The Comforts of Home, The Care of Professionals

- **Skilled Nursing**
- **Home Health Aid**
- **Physical Therapy**
- **Occupational Therapy**
- **Speech Therapy**
- **Infusion Therapy**

- **Homemaker**
- **Companion/sitter**
- **Respite or Relief Care**
- **Care for the Terminally Ill**
- **Private Duty**
- **Infant and Child Care**

TAC HOME CARE p.r.n. A Technical Aid Company

50 Maple St., Springfield

We're at your Service
24 Hours a day, every day

Call 737-3597
or 1-800-4-A-NURSE

TOROS OMARTIAN & SON, Inc.

We Buy and Sell

ORIENTAL RUGS

286 Bridge Street
Tel: 736-1531

Open Thurs. til 9:00 p.m. *Free Parking Validated*

Welcome New Members

John J. George, M.D.
Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

BORN	January 18, 1951
PREMED:	Northeastern University 1969-1974
MEDICAL:	University of Sassari, Italy 1975-1978 Mt. Sinai School of Medicine, New York 1978-1980
INTERNSHIP:	Springfield, MA 1980-1981
RESIDENCY	Springfield, MA 1981-1982
SPECIALTY:	Emergency Medicine

Sal J. Salerno, M.D.
Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

BORN:	February 10, 1937
PREMED:	Boston University 1950-1954 University of Virginia 1955-1957
MEDICAL:	University of Texas Medical School 1961-1967
INTERNSHIP:	Philadelphia General Hospital 1967-1968
SPECIALITY:	Emergency Medicine

Herman J. Scharfenberger, M.D.
Wing Memorial Hospital and Medical Center
Wright Street
Palmer, MA 01069

BORN:	April 8, 1926
PREMED:	University of Munich 1950-1952
MEDICAL:	University of Heidelberg Medical School 1952-1955
INTERNSHIP:	Mary Immaculate Hospital, New York 1955-1956
RESIDENCY:	St. Catherine's Hospital, New York 1956-1957 New York University 1957-1958 (Post Graduate Studies)
SPECIALTY:	Family Practice

John W. Sullivan, M.D.
2150 Main Street
Springfield, MA 01104

BORN:	August 3, 1941
PREMED:	Boston College, MA 1959-1963
MEDICAL:	Georgetown University School of Medicine 1963-1967
INTERNSHIP	Jewish Hospital of St. Louis, Missouri 1967-1968
RESIDENCY:	Jewish Hospital of St. Louis, Missouri 1968-1969 Barnes Hospital, Missouri 1971-1974
RESIDENT:	Neurology

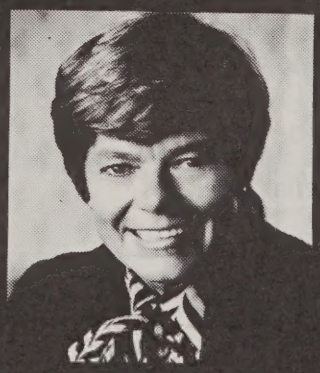
continued

COMMITMENT

TO THE COMMUNITY
A strong commitment to my client's financial welfare is really an outgrowth of a long-standing commitment to the community. Helping people achieve their goals has always been part of me, whether by serving on local boards or advising individuals on investment choices.

TO FINANCIAL SERVICES
The best financial advice is frank and honest, based on solid research and analysis. That's what I give my clients. My job is to listen to their financial goals, make clear and concise recommendations, and then implement and monitor their choices.

TO EXCELLENCE
Commitment to excellence is more than the credentials and knowledge people need to do their jobs well. It's an attitude. I give my clients the best continuing service I can. That's why they come back, and recommend me to their friends, family, and colleagues.



Betty Rae Poppo, CLU, ChFC

BRP FINANCIAL SERVICES
1341 Main Street
Springfield, MA 01103
(413) 736-6712
PROVIDING CREATIVE PERSONAL FINANCIAL SERVICES SINCE 1979.

Welcome New Members

continued from previous page

Glenn F. Alli, M.D.
Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

BORN: May 15, 1963
PREMED: Columbia University School of Engineering and Applied Science 1981-1985
MEDICAL: UMDNS-Robert Wood Johnson Medical School, New Jersey 1985-5/89
INTERNSHIP: Baystate Medical Center 7/89-Present
SPECIALTY: Internal Medicine
RESIDENT:

Edward N. Bailey, M.D.
Baystate Medical Center
140 High Street
Springfield, MA 01199

BORN: April 7, 1944
PREMED: University of Vermont 1962-1966
MEDICAL: University of Vermont 1966-1970
INTERNSHIP: Strong Memorial Hospital, NY 1970-1971
RESIDENCY: University of Rochester 1971-1973
SPECIALITY: Pediatrics

Maura Jo Brennan, M.D.
Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

BORN: May 29, 1950
PREMED: Smith College, Massachusetts 1983-1985 University of Massachusetts 6/84-8/84
MEDICAL: Yale University School of Medicine 1985-1989
INTERNSHIP: Baystate Medical Center 7/89-Present
SPECIALTY: Internal Medicine
RESIDENT:

Bruce R. Dziura, M.D.
Mercy Hospital Pathology Department
271 Carew Street
Springfield, MA 01104

BORN: June 21, 1946
PREMED: Bates College, Maine 1964-1968
MEDICAL: University of Connecticut School of Medicine 1972-1975
INTERNSHIP: Strong Memorial Hospital, NY 1976
RESIDENCY: Strong Memorial Hospital, 1977-1978 Hartford Hospital 1978-1979
SPECIALTY: Anatomic Pathology

Helene E. Feiler, M.D.
Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

BORN: May 17, 1963
PREMED: State University of New York 1981-1985
MEDICAL: Tufts University School of Medicine 1985-5/89
INTERNSHIP: Baystate Medical Center 6/89-Present
SPECIALITY: Surgery
RESIDENT:

Jacqueline L. Pleet, M.D.
1767 Northampton Street
Holyoke, MA 01040

BORN: November 6, 1955
PREMED: Tufts University 1972-1976
MEDICAL: Mt. Sinai School of Medicine 1977-1981
INTERNSHIP: Thomas Jefferson University Hospital 1981-1982
RESIDENCY: Thomas Jefferson University Hospital 1982-1984
SPECIALTY: Pediatrics

FOR EVERYTHING IN TRAVEL!
AGENTS FOR LEADING AIRLINES, HOTEL & STEAMSHIP COMPANIES
DOMESTIC & FOREIGN TRAVEL

TRAVEL AGENCY
ARRANGED FOR BUSINESS OR PLEASURE
FULLY COMPUTERIZED RESERVATIONS & TICKETING SYSTEMS

Weidner Travel, Inc.
JOE MELL
President
Everything in Travel
ANYWHERE IN THE WORLD *Call* **781-0550**
205 DWIGHT ST. SPRINGFIELD

MEDICAL BILLING PROBLEMS?
LET US HELP!

Local computerized billing service for your patient and insurance billing.

The insurances we can bill are:

Medicaid
Medicare
Blue Cross & Blue Shield
Health New England
Pioneer Health Plan
Cigna
Preferred Plus
Other HMO's

LOW RATES!
CALL FOR DETAILS!
Telephone: 732-6544

NUMERIC, INC.
139 Wayside Ave. • W. Springfield, MA 01089

CREATIVE SALES PACKAGING

For Professionals
By Professionals

I.A.C. PROFESSIONAL SERVICES
P.O. Box 787
East Longmeadow, MA 01028
(413) 525-8859

"Specialists In Medical Practice Sales"

FOR SURGEONS LOOKING FOR A FIRST CLASS FACILITY!

There's good reasoning behind the decisions of 45 area physicians who use the Maple Surgery Center.

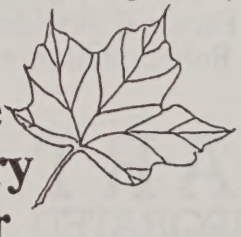
This well equipped and professionally staffed ambulatory surgery center caters to the surgeon who prefers to maximize the use of his/her skills and time. Here's what Maple Surgery Center has to offer:

1. Scheduling: Many of our surgeons utilize block time which greatly streamlines and simplifies the task of scheduling patients.

2. Efficiency: Our schedules are not interrupted by emergencies or complicated cases delaying subsequent starts.

3. Safety: Our most important attribute is our ability to provide quality health care. We utilize the latest in technologies and pharmaceuticals and our active quality assurance program insures the continuation of our impressively low complication rate.

4. The Facility: Located at 130 Maple Street in Springfield, the center is a freestanding ambulatory surgery facility that has now been in operation for over 2 years. Our facility, operating rooms, equipment and personnel are all in the highest quality.



Maple Surgery Center
130 Maple Street, Suite 306
Springfield, Massachusetts
739-9668

Please call to arrange for an on-site tour.

$.....

THE BOTTOM LINE
IS GETTING PAID!

PAID FOR YOUR SERVICES • PRODUCTS

WE ENHANCE BOTTOM LINES
through professional
COLLECTION SERVICES

ETHICAL • EXPERIENCED • EFFICIENT
BONDED

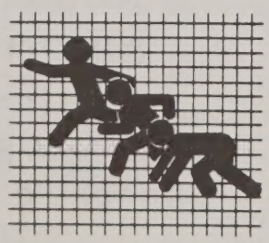
for further information
785-5800

HART ADJUSTMENT BUREAU
1355 LIBERTY ST., SPFLD., MA 01104

TRY THE ALTERNATIVE
S.T.A.R.T. Physical Therapy & Sports Medicine

To compliment your medical management with conservative treatment our Physical Therapists can assist in the care of • Back and Neck Pain • Tendonitis • Bursitis • Muscle and Joint Pain • Work Injuries • Sports Injuries • Personal Accident • Pre and Post Surgical Rehabilitation • Pool Therapy.

S·T·A·R·T INCORPORATED
Sports Therapy for Athletic Rehabilitation and Treatment



60 North Westfield Street
Feeding Hills, MA
786-8908

91 School Street
Springfield, MA
788-6195

Looking after your patient is a big responsibility.

We accept it.

When you recommend Medical Personnel Pool for home health care, you're recommending a service that offers accountability, responsibility and close supervision. We have the most stringent Quality Assurance practices in the industry, assuring the highest level of home nursing care available today.

All Medical Pool employees are fully insured and experienced. Periodic home visits for case supervision and nursing care evaluation are made by an RN Community Health Nurse. She insures your medical orders are carried out to the letter, and supplies you with written progress reports.

From live-in companions to IV Therapy RNs, 24 hours a day, seven days a week, you can count on Medical Personnel Pool.

For more information, call Pat Coupal, RN.

734-6900
959 Main Street, Springfield

586-7365
90 Conz Street, Northampton

Medical Personnel Pool®

Your Hampden District Medical Society Sponsors

HOSPITAL, SURGICAL, MEDICAL &
MAJOR MEDICAL INSURANCE
for Physicians and Eligible Employees

COMPARE Cost and Coverage

Also Available to You

5 YEAR RENEWABLE GROUP TERM LIFE
($350,000 Maximum)

DISABILITY INCOME
($1,500 Weekly Maximum)
New Recovery Benefit
GUARANTEED: Renewable/Convertible

OFFICE OVERHEAD
($10,000 Monthly, New Maximum)

For Details, Contact:

DANIEL C. VASONE
Special Group Representative
RES. (413) 586-7077

CRAIG W. STEWART
District Supervisor
RES. (413) 567-5774

LB personal service since 1922

LESTER L. BURDICK, INC.
Loyalty Group Insurance

10 POST OFFICE SQUARE
BOSTON, MA 02109
(617) 426-0020

UNDERWRITTEN BY: COMMERCIAL INSURANCE COMPANY,
15 CORPORATE PLACE SOUTH, PISCATAWAY, NJ 08854 • (201) 981-4842

Don't Jeopardize Your Future

Most people do not realize how large their lifetime earning potential is, nor how that potential is at risk should they become disabled. But, in fact, long-term disability is a far more likely threat to their income before age 65 than their chance of dying. For a 35-year-old individual, the chance of being disabled for three months or longer before turning age 65 is three times greater than the chance of dying.*

If your disability income protection **Does Not** offer you:

— Lifetime protection in own occupation.

— Lifetime protection for both accident and sickness (no decrease in benefit after age 65).

— Cost-of-Living Increase protection, guaranteed, not tied to CPI (5% or 7.5% increases), compounded annually, with no CAP; **or** Simple interest COLA rider, tied to CPI, 4%–12%.

— Buy-back provision allows the insured, after a period of disability, to purchase the Cost-of-Living Increase **without evidence of insurability.**

— Option to purchase Guarantee of Insurability, even during a disability.

— **Plus,** non-smoker discount, **and much, much more.**

Then Look at This:

Monarch Advantage Non-Can Disability Products have challenged the industry with all of these outstanding features. The best keeps getting better. Take the **Advantage.**

For more information contact:

GUY W. DONAHUE, III, CLU
One Monarch Place
Springfield, MA 01144
Phone: (413) 781-6964

Monarch Life Insurance Company
Springfield, Massachusetts 01133

*Society of Actuaries.